

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10664341 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	3					
5	3					
6	3					
7	3					
8	1					
9	2					
10	2					
11	2					
12	1					
13	/					
14	/					
15	/					
16	1					
17	3					
18	1					
19	/					
20	2					
21	2					
22	2					
23	2					
24	2					
25	2					
26	2					
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31	2					
32	/					
33	/					
34	/					
35	3					
36	3					
37	3					
38	1					
39	3					
40	1					
41	3					
42	3					
43	3					
44	3					
45	3					
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	85					
TOTAL CLAIMS	88					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						